

Mississippi Trauma Advisory Committee

Ramada Inn Southwest Jackson, MS Minutes

March 7, 2002

MTAC Members Present:

Hugh Gamble, M.D.
David Cook, R.N.
John Nelson, M.D.
John Lucas, M.D.
William T. Avara, M.D.
Bob McDonald
John Braham, M.D.
Marshall Tucker
Robert Galli, M.D.

MTAC Members Not Present:

Lucy Cumbest, R.N.
Rodney Frothingham, M.D.
Christine Weiland, R.N.
Brennett Lyles, R.N., REMT-P
John Cook, M.D.
Charles Piggott, M.D.
Wells Wilson, M.D.
Jerry Green

Others Present:

Ed Thompson, M.D.
Jim Craig
Keith Parker
Fran Dickie
Jim Wadlington
Jonathan Chaney
Janice Conerly

I. Call to Order:

Meeting was called to order by Dr. Gamble at 1:00 p.m.

II Adoption of Minutes:

Minutes from November 1, 2002 MTAC meeting were adopted by acclamation.

III. Director's Report

Mr. Craig gave a report on the State Trauma Plan. He stated that it is anticipated that a draft of the Plan will be to the MTAC by the next meeting.

He reported that the audit by the State Auditor's office was still ongoing and the final report would be brought before the MTAC at its completion.

Level III Trauma Center inspections are planned for March 18 and 19 and a report will be finalized for the next MTAC meeting.

Mr. Craig reported on the public hearings held by the Mississippi Board of Health Trauma Regulations Subcommittee. He stated that as a result of these hearings, the subcommittee made a recommendation to the State Board of Health to include all physicians that care for trauma patients in the Trauma Care Trust Fund reimbursement process.

Mr. Craig reported that the State Trauma Registry Committee has been hard at work toward improving the State's trauma registry system. Projects include: development of a data dictionary and revising the trauma registry inclusion policy.

Finally, Mr. Craig advised that Dr. Rodney Frothingham had tendered his resignation to the Mississippi Trauma Advisory Committee due to his retirement from practice. His resignation request has been sent to the Governor.

IV Reports:

A. Central Trauma Care Region

No report given.

B. North Trauma Care Region

No report given.

C. Coastal Trauma Care Region

Dr. Avara reported that the region continues to develop the regional registry. He reported the ongoing difficulty from the Level II Trauma Center at maintaining its designation due to physician coverage. He also reported that the Coastal Trauma Care Region was hosting a Pediatric Trauma Symposium to be held on May 17th and 18th.

D. Southeast Trauma Care Region

No report given.

E. Delta Trauma Care Region - Dr. Lucas

The Delta Trauma Region has changed the position of Regional Executive Director from a part-time to full-time position. He reported that the Region has started including EMS providers in the regional meetings. He reported that the Level II and III Trauma Centers are currently out of compliance with the Mississippi Trauma Care System Regulations due to

lack of physician coverage due to malpractice insurance problems.

F. Southwest Trauma Care Region

No report given.

G. East Central Trauma Care Region

Mr. Wadlington reported that three hospitals in Meridian have requested Level III Trauma Center inspections and one requesting a Level IV Trauma Center inspection in Noxubee County.

V Trauma Regulations Subcommittee

Dr. Lucas gave a report from the Trauma Regulations Subcommittee. The subcommittee previously recommended adding Regional Trauma Medical Control to the Trauma Care Regulations. The committee has since discussed many difficulties with implementing the regulations as previously stated. It is now the recommendation of the subcommittee to change the existing regulations to include language requiring the trauma care regions to include in their regional trauma plans:

- transfer and triage criteria
- trauma protocols, policies and guidelines
- a plan for quality assurance/improvement including run audit criteria and schedule.

These recommendations were adopted without dissent.

Dr. Lucas stated that the subcommittee discussed differences in many of the transfer agreements between referral and receiving trauma centers. The subcommittee recommended that DEMS work with the Mississippi Hospital Associated to develop a model for transfer agreements.

This recommendation was adopted without dissent.

VI Hospital Status Program

Mr Craig gave a presentation and demonstrated the Hospital Status Program to the MTAC.

After the demonstration, the MTAC recommended the following changes: Add General Surgery to the list of options, add a picklist to follow the reasons for putting a service closed, and add an alert system to the program to alert hospitals when a change of status has been made.

A motion was made by Dr. Lucas and seconded by Dr. Avara to make the suggested modifications and test the system among the MTAC members prior to

going live. The motion passed without dissent.

VII Satellite Communication System Presentation

Rick McKinnon, Gill Fortan, and Clay Shank presented and demonstrated a satellite communication system that would provide the state with 100% coverage for pre-hospital providers and designated trauma care centers.

Dr. Thompson discussed the possibility of utilizing some of the state bioterrorism appropriation to fund this project.

After further discussion, Dr. Lucas made a motion to go forward with implementing a satellite-based communication system provided that no funding for the project comes from the legislated trauma care trust fund. Seconded by Dr. Avara. Motion passed without dissent.

VIII New Trauma Regulations Update

Mr. Craig informed the MTAC that they were provided a copy of the January 2002 Mississippi Trauma Care Regulations which included the changes adopted at the January 30, 2002 State Board of Health meeting.

IX Trauma Center Re-inspections

Dr. Gamble discussed the growing problem of physician coverage at each of the state's trauma centers due to malpractice insurance problems. He stated that most of the Level II Trauma Centers are not in compliance with the trauma regulations due to this problem.

Dr. Thompson stated that it would not benefit the trauma patient if the system lost each of our Level II Trauma Centers.

After further discussion, Mr. Cook made a motion to defer re-designation inspections for a period of one year and provide each trauma center a consultative visit by the inspection team, however, the results of this consultative visit would have no effect on the hospitals designation. Seconded by Mr. Tucker. Motion passed without dissent.

X Physician CME Requirements

Dr. Gamble discussed the CME requirements in the regulations. He discussed the CME study conducted by DEMS that shows each state's CME requirements within a trauma system.

After further discussion regarding these requirements, Mr. Tucker made a motion to appoint the subcommittee to meet and develop a recommendation on these requirements and submit a report to the full committee. Motion passed without dissent.

XI Confidential Session

MTAC enters into confidential session.

XII Trauma Care Trust Fund Reimbursement

Dr. Avara discussed the need to compensate Level I and II Trauma Centers at a higher rate to make participation more financially appealing. Dr. Gamble discussed the possibility of utilizing Mississippi Medicaid as a source to increase the funds available to the trauma system and have them manage the funds.

After further discussion, Dr. Avara made a motion to have DEMS look into the feasibility of converting the reimbursement program to a Medicaid basis. Motion passed without dissent.

XIII Adjourn